

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035583

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 96

Primary Registration District No. 6290

Registrar's No. 3

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN S. Benton Twp.

Length of stay in 1b
18 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RFD Elkland

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas

c. CITY OR TOWN RFD Elkland

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Margaret Elizabeth Neasleroad

4. DATE OF DEATH Month Day Year
October 1, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
May 28, 1886

9. AGE (last birthday)
77

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country).
Dallas County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Tucker

13b. MOTHER'S MAIDEN NAME

Sarah Fendleton

14. NAME OF HUSBAND OR WIFE

Charley Neasleroad

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Lula Kidwell Elkland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Genitourinary hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

DUE TO (b)

Metastatic Carcinoma

Unknown

DUE TO (c)

Adeno Carcinoma of the Breast (Primary)

3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1, 1963 to Oct. 1, 1963 and last saw her him alive on Sept. 29, 1963
Death occurred at 12:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph G. Bennett, D.O. *[Signature]* Buffalo, Missouri

22b. ADDRESS

22c. DATE SIGNED

10-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Oct. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cemetery

23d. LOCATION (City, town, or county)

Dallas County, Missouri

24. FUNERAL DIRECTOR

Montgomery Funeral Home/Elkland, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-3-63

26. REGISTRAR'S SIGNATURE

Mary Phillips

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0300

2 0300

3

4 1

5 1

6

7 0

8 2

9 70X

10

11

12 90-2

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER (in his OWN HANDWRITING) (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.